Preliminary Checklist – Type of Event/Sponsor

Type of Event: _____
(Speaker Series/Training/Director's Colloquium)

Target Group to be Addressed: _____

Name – Guest Speaker: _____

Affiliation: _____
(Private Sector/Federal Govt, etc.)

Presentation Subject: _____

Outcome of Event "Linked to Diversity Education" around a Diversity Issue or Topic:
_____
_____

Some Link to the DVO Curricula: "Something to think about":
_____
_____

Overall Impact on LANL'S Workforce: _____
_____

Total Cost of the Event/Impact of DWG Budget (Balance): _____
_____

Timeframe: _____

Link to LANL's Mission/Vision/Core Guiding Principles: _____
_____
_____

DVO Approval: Yes _____ No _____

Preliminary Checklist – Host

Name – Primary Host: _____

Name – Co-host: _____

Shared Costs: Yes _____ No _____
    LANL: _____
    SNLA: _____
    Other: _____

Cost Code(s) : _____ Program Code(s): _____
                 _____   _____

Preliminary Checklist – Official Visitor

Name – Official Visitor: _____

    - Federal Employee: Yes _____ No _____

Day of Visit: _____

Visitor's E-mail Address: _____

Visitor's Office Point-of-contact: _____
    E-mail Address: _____
    Phone Number: _____

**Preliminary Checklist – Introduction of Speaker
and Marketing**

Name of Individual doing Introduction: _____
      Office: _____
      Phone Number: _____

Back-up for Introduction of Speaker: _____
      Office: _____
      Phone Number: _____

Contact DVO and request marketing assistance: Yes _____ No _____
      Date: _____
      DVO P.O.C.: _____

Preliminary Checklist – Speaker Category

Official Visitor: _____   Consultant: _____

    - Federal Employee: Yes _____   No _____

ReferenceURL: http://hrntserver.lanl.gov:80/hrs…torsandImmigratin/hr5visitors.stm

Official Visitor: Speaker Fee(s) use Honorarium: Honorarium = $900 maximum, up to $1,500 with justification. Use Stipend in lieu of transportation, subsistence and Honorarium: Stipend = $1,300 Maximum, up to $2000 with justification.

Use Purchase Request when cost exceeds $2000, Stipend maximum.

Preliminary Checklist – Additional Information Required from Visitor

Visitor's Company Name: _____

Address: _____

_____

_____

Phone#: _____

Fax#: _____

Services to be Rendered: _____

Payment Preference: Day of Service _____ Net 30 Days _____

Preliminary Checklist – Public Affairs

Contact Public Affairs (Inform of Visit/Date): Yes _____ No _____
Ph: 667-7000
Date: _____

Name of PA Representative: _____
(Individual covering Event)

Provide PA with Host Name: _____

Provide Presentation Topic: _____

Provide PA with Bio, Photo, etc.: Yes _____ No _____

Request Photographer Attend Event: Yes _____ No _____

Request "Same Day Story": Yes _____ No _____

Preliminary Checklist – Payment

Requesting Advance Payment: Yes_____   No _____

Pick up Check: Yes _____   No _____

Category:
Official Visitor (Form 910) _____ Consultant (P.R.) _____

For Official Visitor call BUS-1 (667- 4594), Consultant call (667-8538) to confirm that check is ready.

Preliminary Checklist - Working Groups Cost Code, Program Code Information

Cost Code: 5G00   Program Code: W5G1   Work Package: 0000
(The same for all Working Groups)
Note: Each Working Group has its own Cost Account

_____ African American Diversity Working Group – **Cost Account 1000**
_____Asian American Diversity Working Group – **Cost Account 2000**
_____Hispanic Diversity Working Group – **Cost Account 3000**
_____Native American Diversity Working Group – **Cost Account 4000**
_____Women's Diversity Working Group – **Cost Account 5000**
_____Lesbian, Gay, Bisexual Diversity Working Group – **Cost Account 9000**
_____Deaf Awareness Group – **Cost Account 7500**

If using Morale Funds, use Program Code W63B (for all working groups). All other information remains the same.

Preliminary Checklist – Date Prior to Event

Call visitor at hotel and confirm arrival: Yes_____ No _____

Hotel Name: _____ Phone #: _____

Reconfirm itinerary for the following day:
       Pick-up time if applicable: _____
       Host responsible for picking up visitor: _____

Last minute details:
       Handouts: Yes_____ No _____
       Supplies: Yes_____ No _____

Special Requests: Yes_____ No_____
       Request(s) _____

                _____

Final Checklist – Day of Visit

Water/Softdrink: Yes _____ No _____

Payment Reimbursement Check: Yes _____ No _____

Final Checklist – After Event

Check Newsbulletin (day after event) for article on speaker:
        Article published: Yes _____ No _____

Call BUS-5 for status if payment method is Net 30 days: _____

Prepare <u>Thank You Letter</u> for speaker: _____

Call IM-4 and check status of videotapes (if applicable): _____

When videotapes are received from IM-4, send copy of videotape to speaker (if
applicable) Yes _____ No _____

Preliminary Planning – Additional Information

Identify Visitor's Administrative P.O.C. (name, phone#, e-mail, address)
_____

Request biography: Yes _____ No _____ Date _____

Request photograph: Yes _____ No _____ Date _____

Handouts: Yes _____ No _____

Dates/times available for scheduling teleconference(s): _____
_____
_____

Permission to videotape: Yes _____ No _____ Date _____

Workshop: Yes _____ No _____

       Providing Evaluation Form: Yes _____ No _____

Request that official visitor bring business cards for LANL distribution: _____

Final Checklist – Equipment Requirements

Location of Meeting: _____

Equipment: Yes _____ No _____
        Microphone(s): _____ How many? _____
        Microphone(s) (what kind)? hand held: _____ lavalier _____
        Overhead projector: _____
        Laptop (what kind): _____
        Flip Charts (how many): _____
        Easel: _____
        Sign Language Interpreter: Yes _____ No _____
        Misc: _____